

FORM PTO-1449 (modified) To: U.S. Department of Commerce (PW FORM PAT-1449) Patent and Trademark Office	Attorney Docket No.: 2545-0483 JC03 Rec'd PTO 20 SEP 2005 Applicant: DRAGHETTI, Fiorenzo & RIZZOLI, Salvatore Appln. S.N.: 10/549513 Filing Date: September 20, 2005 Examiner: Group Art Unit:
Information Disclosure Statement by Applicant	

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U.S. PATENT DOCUMENTS							
Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
	AR	5,103,960	04/1992	Brown			
	BR	4,222,477	09/1980	Molins			
	CR	5,220,992	06/1993	Milins			
	DR	4,353,454	10/1982	Tolasch			
	ER	4,042,094	08/1977	Schmermund			
	FR	20030091412	05/2003	Dombek			11/2002
	GR	4,580,939	04/1986	Dyett			
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	IR						
	JR						
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	LR						
	MR						
	NR						

FOREIGN PATENT DOCUMENTS						English Abstract		Translation Readily Available	
		Document Number	Date MM/YYYY	Country	Inventor Name	Enclosed/ Cited Above	No	Enclosed/ Cited Above	No
	OR	GB2132969	07/1984	Britain	Salmon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PR	EP1310178	05/2003	EPO	Dombek	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	QR	EP0523613	01/1993	EPO	Rizzoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)									
	YR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	AAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	BBR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	CCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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